04/18/2011 15:16

Image# 11931021953

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Other Than An Aut	horized Committee	Office U:	se Only
NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL OR TYPE OR PRINT	Example:If typing, type over the lines		
l .	nsurers Political Action Committee	e 		
ADDRESS (number and street) Check if different	Suite 700			
than previously reported. (ACC)	Washington		DC 2	0001
2. FEC IDENTIFICATION N	UMBER ₩ CI	TY 🛋	STATE	ZIPCODE 🛕
C00147066	-	S THIS X NEW (N) O	R AMENDED (A)	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Quarterly Report July 31 Mid-Yea Report(Non-elect Year Only) (MY) Termination Report (TER)	t(Q1) t(Q2) t(Q3) t(YE) (c) 12-Day PRE-Election Report for the: t(Q3) t(YE) (d) 30-Day Post -Election Report for the:	General (30G)	M6) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) in the State of Special (30S) in the State of
5. Covering Period	03 01 2011	through 0	3 31 2011	
Type or Print Name of Treasure	er Mr. Donald L. Walker etronically Filed by Mr. Donald L		Date 0 4 1 8	3 2011
NOTE : Submission of false, ed Office Use	rroneous, or incomplete information	on may subject the person signing	FEC	of 2 U.S.C 437g.

FE6AN026

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISRUBSEMENTS

OF RECEIPTS AND DISBURSEMENTS
Page 2

Write or Type Committee Name American Council of Life Insurers Political Action Committee

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2011		59453.10
	(b) Cash on Hand at Begining of Reporting Period	13229.11	
	(c) Total Receipts (from Line 19)	63554.96	91030.97
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	76784.07	150484.07
	Total Disbursements (from Line 31)	65580.04	139280.04
•	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11204.03	11204.03
	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

м м 0 1 м м 3 1 2011 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 5709.04 13105.49 (i) Itemized (use Schedule A) 1345.92 6425.48 (ii) Unitemized (iii) TOTAL (add 7054.96 19530.97 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 56500.00 71500.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 63554.96 91030.97 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 63554.96 91030.97 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 63554.96 91030.97 (subtract Line 18(c) from Line 19)

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:	Total Tills reliou	Galefiual Teaf-(U-Date
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	222	200
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	1173.54	1173.54
(c) Total Operating Expenditures	1173.54	1173.54
(add 21(a)(i), (a)(ii) and (b))	1170.54	1170.04
Committees	0.00	0.00
Contributions to Federal Candidates/Committeesand Other Political Committees		101000 50
and Other Political Committees 4. Independent Expenditure	:: 60906.50	134606.50
(use Schedule E)	0.00	0.00
 Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) 		
(use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
8. Refunds of Contributions To: (a) Individuals/Persons Other	200	0.00
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	0.00
9. Other Disbursements	. 3500.00	3500.00
0. Federal Election Activity (2 U.S.C 431(20)		
(a) Shared Federal Election Activity	,,,	
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 2	22,	
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	65580.04	139280.04
32. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	05500.04	100000 04
from Line 31)	65580.04	139280.04

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	63554.96	91030.97
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	63554.96	91030.97
6.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1173.54	1173.54
7.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88.	Net Operating Expenditures (subtract Line 37 from Line 36)	1173.54	1173.54

FE6AN026

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 35 (check only one) 11a 11b X 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Council of Life Insurers Po	ne name and address of any political committ	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
American Council of Life insurers FC	milical Action Committee	
Full Name (Last, First, Middle Initial) PrinPAC Mailing Address 711 High Street		Date of Receipt
		03 03 2011
City	State Zip Code	Transaction ID: 39066373
Des Moines	IA 50392	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00128918	5000.00
Name of Employer	Occupation	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	5000.00	
Full Name (Last, First, Middle Initial) HSBC North America PAC (H-PAC)		Date of Receipt
Mailing Address 26525 N. Riverwoods	s Blvd.	03 03 2011
City	State Zip Code	Transaction ID: 39069001
Mettawa	IL 60045	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00033423	2500.00
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		-
Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial) Trustmark Ins. Co. PAC	•	Date of Receipt
Mailing Address Trustmark Insurance 400 Field Drive	Company	03 / 04 / 2011
City	State Zip Code	Transaction ID: 39075612
Lake Forest	IL 60045	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00156166	4000.00
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	4000.00	
SURTOTAL of Receipts This Page (ontinnal)		11500.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/35 (check only one) 11a 11b X 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Council of Life Insurers Pol	e name and addre	ess of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) MetLife, Inc. Employee's Participation Fund A Mailing Address One MetLife Plaza 1095 Avenue of the A City New York FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	mericas State NY C C0004 Occupation	Zip Code 10036	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) AEGON USA Inc. Political Action Committee Mailing Address 1111 North Charles S City Baltimore FEC ID number of contributing federal political committee. Name of Employer Receipt For:	State MD C C0023	Zip Code 21201 36414	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Guardian Life PAC Mailing Address 7 Hanover Square City New York FEC ID number of contributing federal political committee.	State NY C C0017	Zip Code 10004	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)		Tear-to-Date ▼ 5000.00	15000.00

City State Zip Code Name of Employer City State Zip Code	SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 35 (check only one) 11a 11b X 11c 12 13 14 15 16 11
Full Name (Last, First, Middle Initial) AXA Equitable PAC Mailing Address of Co AXA Equitable Life Assurance S 1290 Avenue of the Americas City State Zip Code New York NY 10104 FEC ID number of contributing federal political committee. Receipt For: Primary General Other (specify) ▼ City State Zip Code Mailing Address 700 Newport Center Drive City State Zip Code Name of Employer City State Zip Code Name (Last, First, Middle Initial) Pacific Life PAC Mailing Address 700 Newport Center Drive City State Zip Code Name of Employer City State Zip Code Name of Employer Cocupation Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Name of Employer Date of Receipt Transaction ID: 39285301 Amount of Each Receipt this Perioc Aggregate Year-to-Date ▼ Primary General Date of Receipt Transaction ID: 39285301 Amount of Each Receipt this Perioc Transaction ID: 39285301 Amount of Each Receipt this Perioc Transaction ID: 39285301 Amount of Each Receipt this Perioc Transaction ID: 39285301 Amount of Each Receipt this Perioc Transaction ID: 39285301 Amount of Each Receipt this Perioc Transaction ID: 39285301 Transaction ID: 39285302 Amount of Each Receipt this Perioc Transaction ID: 39285302 Amount of Each Receipt this Perioc Transaction ID: 39285302 Transaction ID: 39285302 Amount of Each Receipt this Perioc Transaction ID: 39285302 Transaction ID: 39285301 Transaction ID: 30285301 Transaction ID: 30285301 Transaction ID: 30285301	or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	the name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Mailing Address c/o AXA Equitable Life Assurance S 1290 Avenue of the Americas City State Zip Code New York NY 10104 FEC ID number of contributing federal political committee. Name of Employer Full Name (Last, First, Middle Initial) Pacific Life PAC Mailing Address 700 Newport Center Drive C C 00068528 Name of Employer Full Name (Last, First, Middle Initial) Pacific Life PAC Mailing Address 700 Newport Center Drive C C 00068528 Date of Receipt Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 39285301 Amount of Each Receipt this Perioc FEC ID number of contributing federal political committee. C C 00068528 Date of Receipt Transaction ID: 39285302 Amount of Each Receipt this Perioc Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 39285302 Amount of Each Receipt this Perioc Transaction ID: 39285302 Amount of Each Receipt this Perioc C C 00068528 Date of Receipt Transaction ID: 39285302 Amount of Each Receipt this Perioc Transaction ID: 39285302 Amount of Each Receipt this Perioc Transaction ID: 39285302 Amount of Each Receipt this Perioc Transaction ID: 39285302 Amount of Each Receipt this Perioc Transaction ID: 39285302 Amount of Each Receipt this Perioc Transaction ID: 39285302 Amount of Each Receipt this Perioc Transaction ID: 39285302 Amount of Each Receipt this Perioc Transaction ID: 39285302 Amount of Each Receipt this Perioc Transaction ID: 39285302 Amount of Each Receipt this Perioc Transaction ID: 39285302 Amount of Each Receipt this Perioc			
City New York NY 10104 New York NY 10104 Amount of Each Receipt this Perior	Mailing Address c/o AXA Equitable L		M M / D D / Y Y Y Y
New York FEC ID number of contributing federal political committee. Name of Employer Occupation			
FEC ID number of contributing federal political committee. Name of Employer C Counter C C C C C C C C C	-	•	
Receipt For:		C C00161901	5000.00
Primary General Other (specify) ▼	Name of Employer	Occupation	
Full Name (Last, First, Middle Initial) Pacific Life PAC Mailing Address 700 Newport Center Drive City State Zip Code CA 92660 FEC ID number of contributing federal political committee. Name of Employer Full Name (Last, First, Middle Initial) ING US PAC Mailing Address One Orange Way C1N City State Zip Code Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 39285301 Amount of Each Receipt this Period 5000.00 Date of Receipt Transaction ID: 39285301 Amount of Each Receipt this Period 5000.00 Date of Receipt Transaction ID: 39285301 Transaction ID: 39285302 Transaction ID: 39285302 Transaction ID: 39285302 Transaction ID: 39285302 Amount of Each Receipt this Period Transaction ID: 39285302 Amount of Each Receipt this Period 5000.00	Primary General	5000.00	
City Newport Beach CA 92660 FEC ID number of contributing federal political committee. Name of Employer C C00068528 Full Name (Last, First, Middle Initial) ING US PAC Mailing Address One Orange Way C1N City State Zip Code C C00068528 Date of Receipt Date of Receipt Mailing Address One Orange Way C1N City State Zip Code Windsor C C00184028 Date of Receipt Transaction ID: 39285301 Amount of Each Receipt this Perioc Date of Receipt Transaction ID: 39285302 Amount of Each Receipt this Perioc Transaction ID: 39285302 Amount of Each Receipt this Perioc C C00184028 Name of Employer Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Fec ID number of contributing federal political committee. Aggregate Year-to-Date ▼	Full Name (Last, First, Middle Initial) Pacific Life PAC		Date of Receipt
Newport Beach CA 92660 FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼ Mailing Address One Orange Way C1N City State Zip Code Windsor FEC ID number of contributing federal political committee. C C00068528 Amount of Each Receipt this Period Date of Receipt Mailing Address One Orange Way C1N City State Zip Code CT 06095 FEC ID number of contributing federal political committee. Name of Employer C C00184028 Amount of Each Receipt this Period Transaction ID: 39285302 Amount of Each Receipt this Period	Mailing Address 700 Newport Center	Drive	
FEC ID number of contributing federal political committee. Name of Employer C C C C C C C C C	•	·	Transaction ID: 39285301
Name of Employer C	Newport Beach	CA 92660	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ING US PAC Mailing Address One Orange Way C1N City State Zip Code Windsor CT 06095 FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Aggregate Year-to-Date ▼ Date of Receipt M M M O 3 / 1 6 / 2 0 1 Transaction ID: 39285302 Amount of Each Receipt this Period C C00184028 Source Aggregate Year-to-Date ▼ Primary General		C C00068528	5000.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ING US PAC Mailing Address One Orange Way C1N City State Zip Code Windsor FC ID number of contributing federal political committee. Name of Employer Date of Receipt	Name of Employer	Occupation	
ING US PAC Mailing Address One Orange Way C1N City State Zip Code Windsor FEC ID number of contributing federal political committee. Name of Employer Primary Centribution Aggregate Year-to-Date Date of Receipt M M M O 0 3 1 6 2 0 1 Transaction ID: 39285302 Amount of Each Receipt this Period 5000.0	Primary General		
C1N City State Zip Code Windsor CT 06095 FEC ID number of contributing federal political committee. Name of Employer Primary General C1N State Zip Code Transaction ID: 39285302 C C00184028 C C00184028 Aggregate Year-to-Date FOOD 00	, , , , , , , , , , , , , , , , , , , ,		Date of Receipt
Windsor CT 06095 FEC ID number of contributing federal political committee. C C00184028 C C00184028 C C00184028 Source Aggregate Year-to-Date ▼ Primary General FECOLOGO			
FEC ID number of contributing federal political committee. C C00184028 Sound of Employer Occupation Receipt For: Primary General Aggregate Year-to-Date	City	<u>'</u>	
Receipt For: Primary General Aggregate Year-to-Date Food on	FEC ID number of contributing		5000.00
Primary General 5000 00	Name of Employer	Occupation	
	Primary General		
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)		15000.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	(Check only one)
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	he name and address of any political comm	y person for the purpose of soliciting contributions littee to solicit contributions from such committee.
American Council of Life Insurers Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) HSBC North America PAC (H-PAC)		Date of Receipt
Mailing Address 26525 N. Riverwood	s Blvd.	03 28 2011
City	State Zip Code	Transaction ID: 39424837
Mettawa	IL 60045	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00033423	2500.00
Name of Employer	Occupation	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	3000.0	
Full Name (Last, First, Middle Initial) Genworth Financial Inc. PAC		Date of Receipt
Mailing Address 6620 W. Broad Stree	et	03 28 2011
City	State Zip Code	Transaction ID: 39424838
Richmond	VA 23230	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00404194	5000.00
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	5000.0	00
Full Name (Last, First, Middle Initial) Hartford Advocates Fund		Date of Receipt
Mailing Address 690 Asylum Avenue		03 28 2011
City	State Zip Code	Transaction ID: 39424842
<u>Hartford</u>	CT 06115	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00168864	5000.00
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	5000.0	00 "
SUBTOTAL of Receipts This Page (optional)	1	12500.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 35 (check only one) 11a 11b X 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)	al Aatiana (Dame walkt a a	
/	American Council of Life Insurers Politica	ai Action (Committee	
	Full Name (Last, First, Middle Initial) Nationwide Mutual Insurance Co PAC			Date of Receipt
	Mailing Address One Nationwide Plaza			03 / 30 / 4 2011
	City	State	Zip Code	Transaction ID: 39458581
	Columbus	OH	43215-2220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C coo	0076174	2500.00
	Name of Employer	Occupation	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	•	2500.00
TOTAL This Period (last page this line number only)	•	56500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the	FOR LINE NUMBER: PAGE 11/35 (check only one)
	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the such as	I Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Council of Life Insurers Po	olitical Action Committee	
Full Name (Last, First, Middle Initial)		
Mr. Dennis J. Manning		Date of Receipt
Mailing Address 631 Long Ridge Roa Unit 22		03 / 10 / 2011
City Stamford	State Zip Code CT 06902-1258	Transaction ID: 39202634 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Guardian Life Insurance	Occupation CEO	
Company of Ame Receipt For:	Aggregate Year-to-Date ▼	\dashv
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Geri Gaughan	1	Date of Receipt
Mailing Address 2001 Grove Street		03 31 2011
City	State Zip Code	Transaction ID: 39458602
Glenview	IL 60025-2817	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer MTL Insurance Company	Occupation General Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00]
Full Name (Last, First, Middle Initial) Mr. Ross L. Sargent		Date of Receipt
Mailing Address 101 Constitution Ave Suite 700	e, NW	03 31 YYYY 2011
City	State Zip Code	Transaction ID: PR1120489721674
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	101.54
Name of Employer American Council of Life Insurers	Occupation Senior Counsel, State Relations	
Receipt For: Primary General	Aggregate Year-to-Date ▼	D/D Doduction (050.77.0
Other (specify)	304.61	P/R Deduction (\$50.77 Sem- i-Monthly)
		1101.54

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedu for each category of Detailed Summary P	the Clieck only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
American Council of Life Insurers P	olitical Action Committee	
Full Name (Last, First, Middle Initial) Mr. Donald L. Walker		Date of Receipt
Mailing Address 101 Constitution Ave Suite 700		03 / 31 / 2011
City	State Zip Code	Transaction ID: PR1156427121674
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer American Council of Life Insurers	Occupation SVP, Administration & CFO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		P/R Deduction (\$50.00 Sem- i-Monthly)
Full Name (Last, First, Middle Initial) Mr. Walter C. Welsh		Date of Receipt
Mailing Address 101 Constitution Ave 101 Constitution Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR1550105921674
Washington	DC 20001-2140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	369.48
Name of Employer American Council of Life Insurers	Occupation Executive Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1108	P/R Deduction (\$184.74 Semi-Monthly)
Full Name (Last, First, Middle Initial) Ms. Kathleen F. Kiernan-Pagani		Date of Receipt
Mailing Address 101 Constitution Ave Suite 700	e, NW	03 31 2011
City	State Zip Code	Transaction ID: PR1728112721674
Washington	DC 20001-2140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	152.30
Name of Employer American Council of Life Insurers	Occupation Sr. Counsel, State Relations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	456	P/R Deduction (\$76.15 Semi-Monthly)
SUBTOTAL of Receipts This Page (optional		621.78

Washington FEC ID number of contributing federal political committee. Name of Employer American Council of Life Insurers Occup			Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a				
Any information copie	d from such Reports and State	ments may	not be sold or used by any person	on for the purpose of soliciting contributions				
•		Solicit Contributions from such committee.						
\	,	Action C	Committee					
				Date of Receipt				
Mailing Address				03 / 31 / Y Y Y Y Y Y Y				
•		State DC	Zip Code 20001-2133	Transaction ID: PR1821819621674 Amount of Each Receipt this Period				
		C		187.50				
	of Life	Occupation Vice Pres	ident & Associate General (
Receipt For: Primary Other (speci	General	Aggregate	Year-to-Date ▼ 562.50	P/R Deduction (\$93.75 Sem- i-Monthly)				
Full Name (Last, F The Honora Dirk A.				Date of Receipt				
	101 Constitution Ave, NW Suite 700			03 / 31 / Y Y Y Y Y Y				
City <u>Washington</u>		State DC	Zip Code 20001-2133	Transaction ID: PR1871324521674 Amount of Each Receipt this Period				
FEC ID number of federal political co		С		416.66				
Name of Employer American Council Insurers	of Life	Occupation President	and CEO	7				
Receipt For: Primary Other (speci	General	Aggregate	Year-to-Date ▼ 1249.98	P/R Deduction (\$208.33 Semi-Monthly)				
Full Name (Last, F Mr. Brian Waidman				Date of Receipt				
Mailing Address	101 Constitution Ave, NW Suite 700			03 31 YYYYY 2011				
City Washington		State DC	Zip Code 20001-2133	Transaction ID: PR1872428321674 Amount of Each Receipt this Period				
FEC ID number of federal political co		С		416.66				
Name of Employer American Council Insurers		Occupation Chief of S	staff					
Receipt For: Primary Other (speci	General	Aggregate	Year-to-Date ▼ 624.99	P/R Deduction (\$208.33 Semi-Monthly)				
SUBTOTAL of Rece	ipts This Page (optional)			1020.82				

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16					
,	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements mag e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) American Council of Life Insurers Politics American Council of Counci	tical Action	Committee						
۷.	Full Name (Last, First, Middle Initial) Mr. Gary E. Hughes			Date of Receipt					
	Mailing Address 101 Constitution Avenual Suite 700 West	ue, NW		03 31 7 2011					
	City Washington	State DC	Zip Code	Transaction ID: PR771358221674					
	FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 310.00					
	Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify)		n e Vice President & General C e Year-to-Date ▼ 930.00	P/R Deduction (\$155.00 Semi-Monthly)					
- 3.	Full Name (Last, First, Middle Initial) Ms. Linda H. Cunningham Mailing Address 101 Constitution Avenue	Date of Receipt							
	Suite 700 West	State	Zip Code	0 3 3 1 2 0 1 1 Transaction ID: PR771362421674					
	Washington	DC	20001-2133	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		107.16					
	Name of Employer American Council of Life Insurers	Occupatio Vice Pres	n sident, Conference Developn	nent					
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 321.49	P/R Deduction (\$53.58 Sem- i-Monthly)					
. –	Full Name (Last, First, Middle Initial) Mr. J. Bruce Ferguson			Date of Receipt					
	Mailing Address 101 Constitution Avenuation Suite 700 West	ue, NW		03 / 31 / 2011					
	City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR771373221674					
	FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 286.46					
	Name of Employer American Council of Life Insurers		ice President, State Relation	s					
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 859.38	P/R Deduction (\$143.23 Semi-Monthly)					
Γ	SUBTOTAL of Receipts This Page (optional)	1		703.62					

	NAME OF COMMITTEE (In Full) American Council of Life Insurers Pound Maling Address City Washington FEC ID number of contributing federal political committee. Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify) ▼ FUII Name (Last, First, Middle Initial) Mr. John W. Mangan, CEBS Mailing Address 101 Constitution Average Suite 700 City Washington FEC ID number of contributing federal political committee. Name of Employer American Council of Life Insurers Mailing Address 101 Constitution Average Suite 700 City Washington FEC ID number of contributing federal political committee. Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Kimberly O. Dorgan Mailing Address 101 Constitution Average Suite 700 West		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 35 (check only one) X					
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements mage name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.					
	American Council of Life Insurers Poli	tical Action (Committee						
۸.	Mr. David M. Leifer			Date of Receipt					
	5 101 00110111011711011	ue, NW		03 31 2011					
	-	State	Zip Code	Transaction ID: PR771374021674					
	•	DC	20001-2133	Amount of Each Receipt this Period					
		C		155.16					
		Occupatio Vice Pre	n sident & Associate General C	Coµ					
	Receipt For:	Aggregate	e Year-to-Date ▼						
			465.49	P/R Deduction (\$77.58 Sem- i-Monthly)					
-		Date of Receipt							
		NW		03 / 31 / 2011					
	•	State	Zip Code	Transaction ID: PR771377121674					
		DC	20001-2133	Amount of Each Receipt this Period					
		C		200.00					
	Name of Employer American Council of Life	Occupatio							
		, ' 	Vice President, State Relation e Year-to-Date ▼						
	Primary General	/ iggrogate	600.00	P/R Deduction (\$100.00 Semi-Monthly)					
_		1		Date of Receipt					
		ue, NW		03 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City	State	Zip Code	Transaction ID: PR771395121674					
	Washington	DC	20001-2133	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		416.66					
	Name of Employer American Council of Life Insurers	Occupatio Senior E	n xecutive Vice President, Publ	i					
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	P/R Deduction (\$208.33 Se-					
	Other (specify) ▼	0 0	1249.98	mi-Monthly)					
	SUBTOTAL of Receipts This Page (optional)	•		771.82					

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	Yar FOR LINE NUMBER: PAGE 16/35 (check only one)				
Any information copied from such Reports and or for commercial purposes, other than using	Any information copied from such Reports and Statements may not be sold or used by any person for commercial purposes, other than using the name and address of any political committee to sol						
NAME OF COMMITTEE (In Full)							
American Council of Life Insurers P	olitical Action (Committee					
Full Name (Last, First, Middle Initial) Mr. Morris Goff			Date of Receipt				
Suite 700 West	enue, NW		03 / 31 / 2011				
•	State	Zip Code	Transaction ID: PR771419321674				
FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 187.26				
Suite 700 West City Washington FEC ID number of contributing federal political committee. Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Brenda S. Nation Mailing Address 101 Constitution Avenue, NV Suite 700 West City Washington		n sident, Federal Relations • Year-to-Date ▼					
		561.78	P/R Deduction (\$93.63 Sem- i-Monthly)				
	Date of Receipt						
Suite 700 West	·		03 31 7 2011				
•	State DC	Zip Code 20001-2133	Transaction ID: PR771419921674 Amount of Each Receipt this Period				
	C		150.00				
Name of Employer American Council of Life Insurers	Occupation Regional	n Vice President, State Relatio					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	P/R Deduction (\$75.00 Sem- i-Monthly)				
Full Name (Last, First, Middle Initial) Ms. Debra K. West			Date of Receipt				
Mailing Address 101 Constitution Ave Suite 700 West	enue, NW		03 31 2011				
City Washington	State DC	Zip Code	Transaction ID: PR771421021674				
FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period				
Name of Employer American Council of Life Insurers		Vice President, State Relatio					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	P/R Deduction (\$50.00 Semi- i-Monthly)				
SUBTOTAL of Receipts This Page (optional)		437.26				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17/35 (check only one) X				
or f	y information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements mand add	y not be sold or used by any persor dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.				
	American Council of Life Insurers Polit	ical Action (Committee					
۸.	Full Name (Last, First, Middle Initial) Ms. Katherine C. Smith			Date of Receipt				
	Mailing Address 101 Constitution Ave, N Suite 700 West	١W		03 / 31 / 2011				
	City Washington	State DC	Zip Code	Transaction ID: PR771422921674				
	Washington FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 69.26				
	Name of Employer American Council of Life Insurers	Occupatio PAC Dire						
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 207.77	P/R Deduction (\$34.63 Semi- i-Monthly)				
	Full Name (Last, First, Middle Initial) Ms. Lisa Tate			Date of Receipt				
	Mailing Address 101 Constitution Avenu Suite 700	ıe, NW		03 / 31 / 2011				
	City	State	Zip Code	Transaction ID: PR771423221674				
	Washington FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 80.00				
	Name of Employer American Council of Life Insurers		ation & Assoc. Gen. Counsel					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	P/R Deduction (\$40.00 Sem- i-Monthly)				
	Full Name (Last, First, Middle Initial) Mr. John P. Gerni			Date of Receipt				
	Mailing Address 101 Constitution Ave, N Suite 700	٧W		03 / 31 / 2011				
	City	State	Zip Code	Transaction ID: PR771428721674				
	Washington FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 130.42				
	Name of Employer American Council of Life Insurers	Occupatio Regional	n Vice President, State Relatio					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 391.25	P/R Deduction (\$65.21 Sem- i-Monthly)				
SI	JBTOTAL of Receipts This Page (optional)			279.68				

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 18/35 Check only one) X 11a				
Any informa	ation copied from such Reports and	Statements may	y not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.				
	OF COMMITTEE (In Full)	Solidi Contributions from Such Committee.						
\	can Council of Life Insurers Po	olitical Action (Committee					
	ne (Last, First, Middle Initial) n Carlos Scott			Date of Receipt				
Mailing /	Address 101 Constitution Ave Suite 700 West	, NW		03 / 31 / 2011				
City		State	Zip Code	Transaction ID: PR771428821674				
<u>Washii</u>	ngton	DC	20001-2133	Amount of Each Receipt this Period				
	number of contributing political committee.	C		143.00				
Name of Employer American Council of Life Insurers Occupation Senior Vie			n ice President, Federal Relatio					
Receipt		Aggregate	e Year-to-Date ▼					
	imary General ther (specify) ▼	0 0	429.00	P/R Deduction (\$71.50 Sem- i-Monthly)				
Full Name (Last, First, Middle Initial) Mr. David C. Turner				Date of Receipt				
	Address 101 Constitution Ave Suite 700	03 / 31 / 2011						
City		State	Zip Code	Transaction ID: PR771428921674				
<u>Washii</u>	ngton	DC	20001-2133	Amount of Each Receipt this Period				
	number of contributing political committee.	C		250.76				
Name of America Insurers	f Employer an Council of Life	Occupatio EVP, Ch	n ief of Staff & Corp. Secretary					
Receipt	For:	Aggregate	e Year-to-Date ▼					
	rimary General ther (specify) ♥	0 0	752.27	P/R Deduction (\$125.38 Semi-Monthly)				
	ne (Last, First, Middle Initial) ne R. Dent			Date of Receipt				
Mailing /	Address 101 Constitution Ave Suite 700	, NW		03 / 31 / 2011				
City		State	Zip Code	Transaction ID: PR771444321674				
<u>Washii</u>	ngton	DC	20001-2133	Amount of Each Receipt this Period				
	number of contributing political committee.	C		180.00				
Insurers		Occupatio Vice Pres	n sident, Federal Relations					
Receipt		Aggregate	e Year-to-Date ▼					
	rimary		306.00	P/R Deduction (\$90.00 Sem- i-Monthly)				
	AL of Receipts This Page (optional)			573.76				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and State for commercial purposes, other than using the nam			
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
/	American Council of Life Insurers Politica	I Action (Committee	
	Full Name (Last, First, Middle Initial) Mr. Maurice Perkins			Date of Receipt
	Mailing Address 101 Constitution Ave, NW Suite 700	1		03 / 31 / 2011
	City	State	Zip Code	Transaction ID: PR805149121674
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		198.76
	American Council of Life	Occupation Vice Pres	n sident, Federal Relations	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		596.28	P/R Deduction (\$99.38 Sem- i-Monthly)

SUBTOTAL of Receipts This Page (optional)	•	198.76
TOTAL This Period (last page this line number only)	•	5709.04

A.

В.

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only	
II EMIZED DISBURSEMEN I S	Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) American Council of Life Insurers Political	Action Committee		
Full Name (Last, First, Middle Initial) Republican Senate Campaign Committee	of Ohio		Transaction ID: 39083851 Date of Disbursement
Mailing Address Attn: Matthew Yuskewich 211 South Fifth Street	n, Treas.		$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ O & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix} \end{bmatrix}$
City Columbus	State Zip Code OH 43215		Amount of Each Disbursement this Period
Purpose of Disbursement	Г	011	2500.00
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Batchelder for Representative			Transaction ID: 39083854 Date of Disbursement
Mailing Address 4086 Irvine Oval			$\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 8 & 0 \end{bmatrix} / \begin{bmatrix} y & y & y & y & y \\ 2 & 0 & 1 & 1 \end{bmatrix}$
City Medina	State Zip Code OH 44256		Amount of Each Disbursement this Period
Purpose of Disbursement William Batchelder, STATE HOUSE 69th OH		011	1000.00
Candidate Name Mr. William Batchelder		Category/ Type	
	ement For: 2012 Primary General Other (specify)		William Batchelder, STATE HOUSE 69th OH

SUBTOTAL of Disbursements This Page (optional)	•	3500.00
TOTAL This Period (last page this line number only)	•	3500.00

State: OH

District: 69

		Use separate schedule(s	3))K LINE heck onl		_ 1 1.			170	iE 21	/ 33
IT _	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	Х	23 28b	\vdash	24 28c	25 29	
	y Information copied from such Reports and Stater or commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) American Council of Life Insurers Political	e and address of any politic										
<u>L</u>	Full Name (Last, First, Middle Initial) Growth and Prosperity PAC						of D	isburs		91418 nt	375 Ž 0 1	1 Y
	Mailing Address 217 Third Street, SE City	State Zip Code								nursen	nent this	
	Washington Purpose of Disbursement	DC 20003	_			Amou	ant C	ii Laci	I DISC	-	5000.0	
	Candidate Name Growth and Prosperity PAC			01 ateg Typ	gory/		•		•	•	•	•
	Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)	-									
	Full Name (Last, First, Middle Initial) ERICPAC				Date M		isburs	emen	91420 nt		Y	
	Mailing Address 209 Pennsylvania Ave, S				0 3			0 9		ž 0 1	1	
	City Washington Purpose of Disbursement	State Zip Code DC 20003			011 Category/ Type		unt c	f Eacl	n Disk		nent this	
	Candidate Name											
	Office Sought: House Senate President State: District:	ement For: Primary General Other (specify) ▼	1									
	Full Name (Last, First, Middle Initial) South Dakota First PAC						of D	isburs	emen	91421 nt		
	Mailing Address 122 Maryland Ave, NE					0,3	М	/ D	0 9	/ L	ž 0 1	1 '
	City Washington	State Zip Code DC 20002				Amou	unt c	f Eacl	n Disb	oursen	nent this	Perioc
	Purpose of Disbursement			01	1	<u> </u>					1000.0	00
	Candidate Name South Dakota First PAC			ateç Typ	gory/ pe							
	Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)										
	Side. District.						_					

	CHEDULE B (FEC FOIII 3X)	Use separate			neck onl	NUMBE	11.		PAGE	22 / 30	
	EMIZED DISBURSEMENTS	for each cateo Detailed Sum	mary Page	È	21b 27	22 28a	X 23 28b			25 29	
	y Information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Council of Life Insurers Pol	e name and address of	any political co								
_	American Council of Life insurers for	itical Action Comm	11100								
	Full Name (Last, First, Middle Initial) Heller For Congress Mailing Address P.O. Box 531086					Date	of Disbu	D : 3914 rsement		0 1 1	Y
	Mailing Address P.O. Box 531086					0 0				· · ·	_
	City Henderson		Code 9503			Amou	nt of Ea	ch Disbur			∍rio
	Purpose of Disbursement Candidate Name			01 Cateo	_				100	00.00	_
	Rep. Dean Heller Office Sought: X House Dis	bursement For:	2012	Тур	•						
	State: NV District: 02	X Primary Other (specify)	General ▼								
	Full Name (Last, First, Middle Initial) DCCC				Date	of Disbu		12215			
	Mailing Address 430 South Capitol Street, SE					0 3	M / [09	ž Ž	0 1 1 `	Y
	City Washington	State Zip DC 20	Code 0003			Amou	nt of Ea	ch Disbur			∍rio
	Purpose of Disbursement			01	1				500	0.00	_
	Candidate Name		Category/ Type								
	Senate President	bursement For: Primary Other (specify)	General ▼								
	State: District: Full Name (Last, First, Middle Initial)										
	NRCC				Date	of Disbu	D: 3914		Υ, ,	Y	
	Mailing Address 320 First Street, SE					0,3		0 9 /	2	0 1 1	_
	City Washington		Code 0003			Amou	nt of Ea	ch Disbur			erio
	Purpose of Disbursement			01	1	L.			500	00.00	_
	Candidate Name			Categ Typ	ory/						
	Office Sought: House Dis Senate President	bursement For: Primary Other (specify)	General								
	State: District:		·								
											_

		(FEC FOIIII	•		arate schedule(s)		neck only	NUMBE	ın.			PAGE	20/))
		BURSEMEN	_	Detailed	category of the Summary Page	À	21b 27	22 28a		23 28b	24 28		25 29	
		d from such Reports oses, other than usi												5
\	NAME OF COMM American Coun	ITTEE (In Full) cil of Life Insurers	s Political A	Action Co	ommittee									
	Full Name (Last, F DSCC	irst, Middle Initial)						-			3914	12313	3	
_	Mailing Address	120 Maryland A	Avenue, NE					0 ^M 3	of Dis		ement 9	Ý	0 1 1	Y
-	City			State	Zip Code			Amoi	ınt of	Fach	Disbur	semer	t this F	Perio
1	Washington			DC	20006			Alliot	ant or	Lacii	Disbui		-	_
_	Purpose of Disbur	sement				01					-	20	00.00	
(Candidate Name					ateg Typ	-							
	Office Sought:	House Senate President	Disburse	ment For: Primary Other (sp	General ecify)									
	State: Full Name (Last, F	District:												
	NRSC	irst, Middle Iriitiai)						Date	of Dis	burse				
ľ	Mailing Address	425 2nd Street	, NE					0 3	M /	0	9 /	Y 2	0 1 1	Y
	City Washington			State DC	Zip Code 20002			Amou	unt of	Each	Disbur	semer	t this F	Perio
F	Purpose of Disbur	sement				01	1	L.				25	00.00)
(Candidate Name					ateg	ory/							
(Office Sought:	House Senate President	Disburse	ment For: Primary Other (sp	General ecify) ▼									
	State: Full Name (Last, F	District:												
	NRSC	irst, Mildule Iriitiai)						Date	of Dis		3920 ment			V
ľ	Mailing Address	425 2nd Street	, NE					0 ^M 3		1	Ŏ Í	2	0 1 1	
	City Washington			State DC	Zip Code 20002			Amo	unt of	Each	Disbur		-	_
F	Purpose of Disbur	sement				01	1	L.				25	00.00)
(Candidate Name					ateg Typ	ory/							
(Office Sought:	House Senate President	Disburse	ment For: Primary Other (sp	General									
	State:	District:			·· <i>j</i> / \									

	HEDULE B (FEC		′ Use sep	arate schedule(s)			NE NUMBEI only one)	R:	P	AGE 24	/ 35
	EMIZED DISBURS		Detailed	category of the Summary Page		21b 27	22 28a	X 23 28b	24 28c		
r fo	Information copied from subtraction commercial purposes, oth NAME OF COMMITTEE (In American Council of Life)	ner than using the Full)	ne name and addre	ess of any politica							
	Full Name (Last, First, Midd DSCC Mailing Address 120 M	lle Initial) Iaryland Aver	nue, NE				Date o	action ID f Disburs		2644 ° 2 0 1	1 Y
	City Washington Purpose of Disbursement		State DC	Zip Code 20006			Amou	nt of Each	Disburs	ement this	
	Candidate Name				Cat)11 egory/ ype					
	Office Sought: House Sense Pres State: District:	ate ident	isbursement For: Primary Other (sp	General ecify) ▼							
	Full Name (Last, First, Midd Friends of Jeb Hensarlii Mailing Address PO Bo	,					Date o	action ID of Disburs		8191 ° 201	1 Y
	City Dallas		State TX	Zip Code 75382			Amou	nt of Each	n Disburs	ement this	s Perio
		ate ident	isbursement For: X Primary Other (sp	2012 General	Cat	011 egory/ ype				1000.0	00
	State: TX District: Full Name (Last, First, Midd Nelson 2012							action ID		8207	
	Mailing Address PO Bo	ox 8666					0,3	M / D	24	ž 0 1	1 Y
	City Omaha		State NE	Zip Code 68108			Amou	nt of Each	n Disburs	ement this	
	Purpose of Disbursement Candidate Name Sen. Ben Nelson				Cat)11 egory/ ype				1000.0	ηŇ
			isbursement For:	2012		-1					
	Office Sought: X Sena Pres State: NE District:	ate ident	X Primary Other (sp	General							

CHEDULE B (FEC FOIII 3X)	Use separate			LINE ck only	NUMBE one)	R:	LF	PAGE 2	25 / 35
TEMIZED DISBURSEMENTS	for each categ Detailed Sumr	nary Page		21b 27	22 28a	X 23 28b	24 280		25 29
ny Information copied from such Reports and State for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) American Council of Life Insurers Politic	me and address of	any political cor							
Full Name (Last, First, Middle Initial) Montanans For Tester Mailing Address PO Box 1135					Date o	f Disbur) 1 1 ^Y
City Helena		Code 624			Amou	nt of Eac	h Disburs	sement t	
	sement For:	2012 General	011 Categor Type	y/			•	1000	
State: MT District: Full Name (Last, First, Middle Initial) Mike Crapo for US Senate	Other (specify)	_			Date o	f Disbur		V) 1 1
Mailing Address PO Box 1948 City Boise		Code 701			Amou		h Disburs		his Peri
Purpose of Disbursement Candidate Name Michael Crapo	rsement For:	2016	011 Categor Type	y/				2000	0.00
· .	X Primary Other (specify)	General							
Full Name (Last, First, Middle Initial) Hatch Election Committee					Date o	f Disbur	0: 3940 sement 2 4) 1 1 ^Y
Mailing Address 257 East 200 South Su City Salt Lake City	State Zip	Code 111					h Disburs		
Purpose of Disbursement Candidate Name Orrin Hatch			011 Categor	y/				2000	0.00
Office Sought: House Disbut	rsement For: X Primary Other (specify)	2012 General	Туре						
2.5								5500	

Amount of Each Disbursement Candidate Name Kirsten Gillibrand Office Sought: House President State: DC Disbursement Disbursement	Any Information copied from such Reports and Statements or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Act Full Name (Last, First, Middle Initial) Gillibrand For Senate Mailing Address 313 C Street Ne City State Washington DC Purpose of Disbursement Candidate Name Kirsten Gillibrand Office Sought: House X Senate President State: DC District: Full Name (Last, First, Middle Initial) Maloney For Congress Mailing Address 110 D Street, SE City State Washington DC City State Congress Mailing Address 110 D Street, SE City State Candidate Name Purpose of Disbursement Candidate Name Rep. Carolyn Maloney Office Sought: X House Disbursement	etailed Summary Page s may not be sold or use d address of any politication Committee e Zip Code 20002	21b 27 27 27 27 27 27 27 27 27 27 27 27 27	Transaction ID: 39408238 Amount of Each Disbursement this Period Transaction ID: 39408239
Amount of Each Disbursement Candidate Name Candida	or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Act Full Name (Last, First, Middle Initial) Gillibrand For Senate Mailing Address 313 C Street Ne City State Washington DC Purpose of Disbursement Candidate Name Kirsten Gillibrand Office Sought: House X Senate President State: DC District: Full Name (Last, First, Middle Initial) Maloney For Congress Mailing Address 110 D Street, SE City Washington DC Purpose of Disbursement Candidate Name Rep. Carolyn Maloney Office Sought: X House Disbursement	d address of any political display in the committee of the content	011 Category/	Transaction ID: 39408238 Date of Disbursement M M M / D D M Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Gillibrand For Senate Mailing Address 313 C Street Ne City State Zip Code Washington DC 20002 Purpose of Disbursement Candidate Name (Last, First, Middle Initial) Malloney For Congress Mailing Address 110 D Street, SE City Washington DC 20003 President State: DC District: Full Name (Last, First, Middle Initial) Maloney For Congress Mailing Address 110 D Street, SE City Senate President State: DC 20003 Purpose of Disbursement Candidate Name Rep. Carolyn Maloney Office Sought: X House Disbursement For: 2012 X Primary General State: DC 20003 Purpose of Disbursement Office Sought: X House Disbursement For: 2012 X Primary General State: NY District: 14 Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn Mailing Address PO Box 12567 City Cay State Zip Code SC 29211 Purpose of Disbursement Candidate Name Rep. Last, First, Middle Initial) Friends Of Jim Clyburn Mailing Address PO Box 12567 City Sanate President Sc 29211 Purpose of Disbursement Tor: 2012 X Primary General State Sc 29211 Purpose of Disbursement Tor: 2012 X Primary General Sc 2921 Disbursement Tor: 2012 X Primary General Sc 2921 City City State Sc 29211 Purpose of Disbursement Tor: 2012 X Primary General Sc 2921 City City State Sc 29211 Purpose of Disbursement Tor: 2012 X Primary General Sc 2921 City City Senate President Sc 29211 Purpose of Disbursement Tor: 2012 X Primary General Sc 2921 City City Senate President Sc 29211 Condidate Name Rep. James Clyburn Office Sought: X House Disbursement For: 2012 X Primary General Sc 2921 City City Senate President Sc 2921 City Senate President Sc 2921 City Senate P	Gillibrand For Senate Mailing Address 313 C Street Ne City Stat Washington DC Purpose of Disbursement Candidate Name Kirsten Gillibrand Office Sought: House X Senate President President State: DC District: Full Name (Last, First, Middle Initial) Maloney For Congress Mailing Address 110 D Street, SE City Stat Washington DC Purpose of Disbursement Candidate Name Rep. Carolyn Maloney Office Sought: X House Disbursement	20002 at For: 2012 mary General	Category/	Date of Disbursement M M M / D D M / Y Y Y O Y Y Amount of Each Disbursement this Period 1000.00 Transaction ID: 39408239
Mailing Address 313 C Street Ne City Washington DC 20002 Purpose of Disbursement Candidate Name (Last, First, Middle Initial) Mailing Address 110 D Street, SE City Washington DC 20003 Purpose of Disbursement Office Sought: A House Name (Last, First, Middle Initial) Candidate Name (Last, First, Middle Initial) State: NY District: 14 Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn Mailing Address PO Box 12567 City State Zip Code Condrows Mailing Address PO Box 12567 City State Zip Code Condrows Disbursement For: 2012 X Primary General Disbursement this Period Amount of Each Disbursement this Period D11 Cardidate Name (Last, First, Middle Initial) Friends Of Jim Clyburn Mailing Address PO Box 12567 City State Zip Code Columbia SC 29211 Purpose of Disbursement Other (specify) ▼ Transaction ID: 39408240 Date of Disbursement Other (specify) ▼ Transaction ID: 39408240 Date of Disbursement Other (specify) ▼ Amount of Each Disbursement Other (specify) ▼ Transaction ID: 39408240 Date of Disbursement Other (specify) ▼ Transaction ID: 39408240 Date of Disbursement Other (specify) ▼ Transaction ID: 39408240 Date of Disbursement Other (specify) ▼ Transaction ID: 39408240 Date of Disbursement Other (specify) ▼ Transaction ID: 39408240 Date of Disbursement Other (specify) ▼ Transaction ID: 39408240 Date of Disbursement Other (specify) ▼ Transaction ID: 39408240 Date of Disbursement Other (specify) ▼ Transaction ID: 39408240 Date of Disbursement Other (specify) ▼ Transaction ID: 39408240 Date of Disbursement Other (specify) ▼ Transaction ID: 39408240 Date of Disbursement Other (specify) ▼ Transaction ID: 39408240 Date of Disbursement Other (specify) ▼ Transaction ID: 39408240 Date of Disbursement Other (specify) ▼ Transaction ID: 39408240 Date of Disbursement Other (specify) ▼ Transaction ID: 39408240 Date of Disbursement Other (specify) ▼ Other (specify) ▼ Transaction ID: 39408240 Date of Disbursement Other (specify) ▼ Other (specif	Mailing Address 313 C Street Ne City Stat Washington DC Purpose of Disbursement Candidate Name Kirsten Gillibrand Office Sought: House X Senate President President State: DC District: Full Name (Last, First, Middle Initial) Maloney For Congress Mailing Address 110 D Street, SE City Stat Washington DC Purpose of Disbursement Candidate Name Rep. Carolyn Maloney Office Sought: X House Disbursement	20002 at For: 2012 mary General	Category/	Amount of Each Disbursement this Period 1000.00 Transaction ID: 39408239
Washington Cardidate Name Kirsten Gillibrand Office Sought: House President Preside	Washington Purpose of Disbursement Candidate Name Kirsten Gillibrand Office Sought: House X Senate President State: DC District: Full Name (Last, First, Middle Initial) Maloney For Congress Mailing Address 110 D Street, SE City Washington Purpose of Disbursement Candidate Name Rep. Carolyn Maloney Office Sought: X House Disbursement	20002 at For: 2012 mary General	Category/	1000.00 Transaction ID: 39408239
Candidate Name Kirsten Gillibrand Office Sought:	Candidate Name Kirsten Gillibrand Office Sought: House X Senate President State: DC District: Full Name (Last, First, Middle Initial) Maloney For Congress Mailing Address 110 D Street, SE City State Washington Purpose of Disbursement Candidate Name Rep. Carolyn Maloney Office Sought: X House Disbursement	mary General	Category/	Transaction ID: 39408239
Kirsten Gillibrand Type Office Sought: House X Senate President President Other (specify) State: DC District: Full Name (Last, First, Middle Initial) Maloney For Congress Mailing Address 110 D Street, SE City State Zip Code Washington DC 20003 Purpose of Disbursement O111 Candidate Name Category/Type Rep. Carolyn Maloney District: 14 Office Sought: X House Disbursement For: 2012 Senate Y Primary General President Other (specify) Full Name (Last, First, Middle Initial) Transaction ID: 39408240 Date of Disbursement Date of Disbursement Mailing Address PO Box 12567 City State Zip Code Columbia SC 29211 Purpose of Disbursement Category/Type Candidate Name Category/Type Rep. James Cilyburn Disbursement For: 2012 Candidate Name Category/Type Rep. James Cilyburn Disbursement For: 2012 X Primary General Amount of Each Disbursement this Period Category/Type Type	Kirsten Gillibrand Office Sought: House X Senate President State: DC District: Full Name (Last, First, Middle Initial) Maloney For Congress Mailing Address 110 D Street, SE City State Washington DC Purpose of Disbursement Candidate Name Rep. Carolyn Maloney Office Sought: X House Disbursement	mary General		00.00=00
State: DC District:	X Senate President President Ott State: DC District: Full Name (Last, First, Middle Initial) Maloney For Congress Mailing Address 110 D Street, SE City Stat Washington DC Purpose of Disbursement Candidate Name Rep. Carolyn Maloney Office Sought: X House Disbursement	mary General		00.00=00
Full Name (Last, First, Middle Initial) Maloney For Congress Mailing Address 110 D Street, SE City	Full Name (Last, First, Middle Initial) Maloney For Congress Mailing Address 110 D Street, SE City Stat Washington DC Purpose of Disbursement Candidate Name Rep. Carolyn Maloney Office Sought: X House Disbursement			00.00=00
Mailing Address 110 D Street, SE City Washington DC 20003 Purpose of Disbursement Candidate Name Rep. Carolyn Maloney Office Sought: X House Senate President State: NY District: 14 Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn Mailing Address PO Box 12567 City State Zip Code SC 29211 Purpose of Disbursement Category/ Type Transaction ID: 39408240 Date of Disbursement Disbursement Transaction ID: 39408240 Date of Disbursement	Mailing Address 110 D Street, SE City Stat Washington DC Purpose of Disbursement Candidate Name Rep. Carolyn Maloney Office Sought: X House Disbursement			Date of Disbursement
City State Zip Code DC 20003 Purpose of Disbursement Candidate Name Rep. Carolyn Maloney Office Sought: X House Senate President State: NY District: 14 Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn Mailing Address PO Box 12567 City State Zip Code SC 29211 Purpose of Disbursement Candidate Name Rep. James Clyburn Office Sought: X House Sc 29211 Purpose of Disbursement Other (specify) ▼ Amount of Each Disbursement this Period Transaction ID: 39408240 Date of Disbursement this Period Amount of Each Disbursement this Period Transaction ID: 39408240 Date of Disbursement this Period Other (specify) ▼ Amount of Each Disbursement this Period Other (specify) ▼ Other (specify) ▼ Other (specify) ▼ State: SC District: 06	City Stat Washington DC Purpose of Disbursement Candidate Name Rep. Carolyn Maloney Office Sought: X House Disbursemen			M M / D D / Y Y Y Y
Washington Purpose of Disbursement Candidate Name Rep. Carolyn Maloney Office Sought: X House Senate President State: NY District: 14 Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn Mailing Address PO Box 12567 City State Zip Code Columbia SC 29211 Purpose of Disbursement Candidate Name Rep. James Clyburn Office Sought: X House Senate President Columbia SC 29211 Category/ Type Amount of Each Disbursement this Period Other (specify) ▼ Amount of Each Disbursement this Period Other (specify) ▼ Other (specify) ▼ Amount of Each Disbursement this Period Other (specify) ▼	Washington DC Purpose of Disbursement Candidate Name Rep. Carolyn Maloney Office Sought: X House Disbursement			03 24 2011
Candidate Name Rep. Carolyn Maloney Office Sought: X House Senate President State: NY District: 14 Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn Mailing Address PO Box 12567 City Columbia Purpose of Disbursement Candidate Name Rep. James Clyburn Office Sought: X Primary General Other (specify) Transaction ID: 39408240 Date of Disbursement O 3 M / 2 4 / Y 2 0 1 1 Y Amount of Each Disbursement this Period Category/ Type Office Sought: X House Senate President State: SC District: 06 Other (specify) Transaction ID: 39408240 Date of Disbursement O 11 Category/ Type Office Sought: X House Senate President Other (specify) Other (specify) Other (specify) Other (specify)	Candidate Name Rep. Carolyn Maloney Office Sought: X House Disbursemen			
Rep. Carolyn Maloney Office Sought:	Rep. Carolyn Maloney Office Sought: X House Disbursemen			1000.00
Senate President Other (specify) ▼ State: NY District: 14 Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn Mailing Address PO Box 12567 City State Zip Code Columbia SC 29211 Purpose of Disbursement Candidate Name Rep. James Clyburn Office Sought: X House President Senate President State: SC District: 06 Senate President Other (specify) ▼ State: NY District: 14 Transaction ID: 39408240 Date of Disbursement M M M / D D M / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	· —		, ,	
Friends Of Jim Clyburn Mailing Address PO Box 12567 City State Zip Code Columbia SC 29211 Purpose of Disbursement Candidate Name Rep. James Clyburn Office Sought: X House Senate President President State: SC District: 06 Friends Of Jim Clyburn Date of Disbursement Mailing Address PO Box 12567 Amount of Each Disbursement this Period Category/ Type Category/ Type Office Sought: X Primary General Other (specify) State: SC District: 06	President Ot	mary General		
City State Zip Code SC 29211 Purpose of Disbursement Candidate Name Rep. James Clyburn Office Sought: X House Senate President State: SC District: 06 State Zip Code SC 29211 Amount of Each Disbursement this Period 1000.00 Category/ Type Category/ Type Other (specify) ▼ State: SC District: 06	,			Date of Disbursement
Columbia Purpose of Disbursement Candidate Name Rep. James Clyburn Office Sought: X House Senate President State: SC District: 06 SC 29211 1000.00 11 Category/ Type Category/ Type Category/ Type Category/ Type Other (specify) ▼	Mailing Address PO Box 12567			03 1 24 1 2011
Candidate Name Rep. James Clyburn Office Sought: X House Senate President State: SC District: 06 O11 Category/ Type Category/ Type Other (specify) Other (specify)				
Rep. James Clyburn Office Sought: X House Senate President State: SC District: 06 Disbursement For: 2012 X Primary General Other (specify)				1000.00
Senate				
	Senate X Pri President Ott	mary General		
	State: SC District: 06			3000.00

		Use separate schedule(3)		eck onl	: NUMBE v one)			L			35
IT 	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	Х	23 28b	2	4 8c	25 29	
	y Information copied from such Reports and State for commercial purposes, other than using the na NAME OF COMMITTEE (In Full) American Council of Life Insurers Politica	me and address of any politic										,
L	Full Name (Last, First, Middle Initial) Roskam For Congress Committee							-	: 394 ement	10824	1	
	Mailing Address P. O. Box 713					0 ^M 3	М	D 2	24	Y	ž 0 1 1	Y
	City Wheaton	State Zip Code IL 60187				Amou	int of	Each	Disbu		nt this F	
	Purpose of Disbursement Candidate Name		Ca	01 ⁻ ateg	ory/						300.00	
		sement For: 2012 X Primary General Other (specify)		Тур								
	Full Name (Last, First, Middle Initial) Scott Brown For Us Senate Committee					Date		sburs	ement	10828	9 2 0 1 1	Y
	Mailing Address P.O. Box 395 City	Ctata Zin Cada				0 3			2 4			
	Wrentham Purpose of Disbursement	State Zip Code MA 02903	T			Amou	Int of	Each	DISDU		nt this F 000.00	
	Candidate Name Sen. Scott Brown		Ca	01 ateg Typ	ory/							
	ÿ	sement For: 2012 X Primary General Other (specify)	-									
	Full Name (Last, First, Middle Initial) Stivers for Congress					Date	of Di	sburs	ement	10833		
	Mailing Address 4679 Winterset Drive					0 3	М	^D 2	24		ž 0 1 1	
	City Columbus	State Zip Code OH 43220				Amou	ınt of	Each	Disbu		nt this F	
	Purpose of Disbursement Candidate Name Mr. Steve Stivers		Ca	01 ateg	ory/		•	•		. 10	00.000	
	X	sement For: 2012 X Primary General	-									
	President State: OH District: 15	Other (specify)										

		S (FEC FOIIII	·		arate schedule(s)			eck on	: NUMBE	n.		L	AGE	28 / 3	55
		SBURSEMEN		Detailed	category of the Summary Page		À	21b 27	22 28a		23 28b	24 28	С	25 29	
or for c	commercial pu	ed from such Reports rposes, other than usi MITTEE (In Full)													
An An	merican Cou	ncil of Life Insurer	s Political A	ction Co	ommittee										
	II Name (Last, ice For Con	First, Middle Initial) gress							Date		burse	3940 ement			Y
Ма	ailing Address	PO Box 425							0 ^M 3		2	4	2	0 1 1	
Cit	sy oswell			tate SA	Zip Code 30077				Amou	ınt of	Each	Disbur			-
_	rpose of Disbu						011		L.				10	00.00	
Re	p. Thomas	Price, M.D.	1				tego Type	•							
	fice Sought:	X House Senate President	1	nent For: Primary Other (sp	2012 General ecify)										
	ate: GA	District: 06 First, Middle Initial)							_						
	eoff Davis Fo										burse	3940 ement	V \	, · · · ·	Υ
Ма	ailing Address	3161 Dixie Hig Suite F	hway						0 3	,	້2	4	2	011	Ĺ
Cit _y Erl	y langer			tate (Y	Zip Code 41018				Amou	ınt of	Each	Disbur	semer	t this F	Peric
Pu	rpose of Disbu	ursement				Г	011		L.				10	00.00	
	ndidate Name ep. Geoffrey						tego Type	•							
	fice Sought:	X House Senate President District: 04	1	nent For: Primary Other (sp	2012 General ecify)										
Ful		First, Middle Initial)										3940 ement	08337	7	
Ma	ailing Address	PO Box 64							0 ^M 3	M /	^D 2	4	Y 2	0 1 1	Υ
Cit	y .ckson			tate //S	Zip Code 39205				Amou	ınt of	Each	Disbur	semer	t this F	Perio
Pu	rpose of Disbu	ursement					011		<u>L</u> .				10	00.00	
	ındidate Name r. Roger Wic					Ca	tego Type	ory/							
	fice Sought:	House X Senate President		nent For: Primary Other (sp	2014 General ecify)										
Sta	ate: MS	District:													
											-				

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	-	NUMBER: PAGE 29 / 35
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	7 one)
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) American Council of Life Insurers Politic			
Full Name (Last, First, Middle Initial) Bob Corker For Senate			Transaction ID: 39408340 Date of Disbursement
Mailing Address PO Box 848			$\begin{bmatrix}\begin{smallmatrix}M&M&M\\O3&M\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&D&D\\24\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y\\2011\end{smallmatrix}\end{bmatrix}$
City Chattanooga	State Zip Code TN 37401		Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Name		011 Category/	1000.00
Sen. Robert Corker	rsement For: 2012	Type	
x Senate President State: TN District:	X Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Capuano For Congress Committee			Transaction ID: 39408342 Date of Disbursement
Mailing Address PO Box 440305			$\begin{bmatrix}\begin{smallmatrix}M\\O3\end{smallmatrix}\end{bmatrix}^M \begin{smallmatrix}D\\24\end{smallmatrix}\end{bmatrix}^M \begin{smallmatrix}Y\\2011\end{smallmatrix}$
City Somerville	State Zip Code MA 02144		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	1000.00
Candidate Name Rep. Michael Capuano		Category/ Type	
Office Sought: X House Senate President State: MA District: 08	xsement For: 2012 X Primary General Other (specify)		
Full Name (Last, First, Middle Initial) Richard E. Neal for Congress Committee	9		Transaction ID: 39408346 Date of Disbursement
Mailing Address 76 Magnolia Terrace			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$
City Springfield	State Zip Code MA 01108		Amount of Each Disbursement this Perio
Purpose of Disbursement Candidate Name		011	1000.00
Richard Neal		Category/ Type	
Senate President	x Primary 2012 X Primary General Other (specify)		
State: MA District: 00 I			
State: MA District: 02			3000.00

TE		(FEC FOIII	, I		arate schedule(s)			eck on	: NUMBE v one)			Г.	7.02	30 / 3	55
		BURSEMEN		Detailed	category of the Summary Page		À	21b 27	22 28a		23 28b	24 28		25 29	
r fo	or commercial pur NAME OF COMM	d from such Reports poses, other than usi MITTEE (In Full) ncil of Life Insurers	ng the name	and addre	ess of any political										3
-	Full Name (Last, I Garrett for Con Mailing Address								Date		burs	3940 ement 4		, 0 1 1	Y
	City	P.O. Box 905	ç	State	Zip Code					ınt of		Disbur	•		
-	Newton			NJ	07860				Amoc	int Oi	Lacii	Disbui		00.00	_
(Purpose of Disbur Candidate Name Scott Garrett	rsement				Ca	011 atego Type	ory/			•		10	00.00	
	Office Sought: State: NJ	X House Senate President District: 05	Disburser	nent For: Primary Other (spe	2012 General ecify)										
-	Full Name (Last, I Menendez For Mailing Address	First, Middle Initial) Senate P.O. Box 848	•						Date		burs	3942 ement	V * V	0 1 1	Y
	City	P.O. BOX 646		State	Zip Code					ınt of		Disbur	•		
Į	Union City			NJ	07087				Alliot	int or	Lacii	Disbui			_
(Purpose of Disbur Candidate Name Mr. Robert Mer					Ca	011 atego Type	ory/					10	00.00	
	Office Sought: State: NJ	House X Senate President District:	Disburser X	nent For: Primary Other (spe	2012 General ecify)										
	Full Name (Last, I Becerra for Coi	First, Middle Initial) ngress							Date		burs	3942 ement			V
Ī	Mailing Address	PO Box 261060)						0 ^M 3	,	້2	9 /	2	0 1 1	Ĺ
	City Los Angeles			State CA	Zip Code 90026				Amou	ınt of	Each	Disbur		-	
Ī	Purpose of Disbu	rsement					011		L.				10	00.00)
	Candidate Name Xavier Becerra						tego Type								
	Office Sought: State: CA	X House Senate President District: 31		nent For: Primary Other (spe	2012 General										
- 7	olale. UA	טוטנווטנ. ט ו	<u> </u>												

FE6AN026

		Use separate schedule(s	3)		OR LINE heck on							31 / 3	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ė	21b 27	22 28a	Х	23 28b		24 28c	В	25 29	
	y Information copied from such Reports and Sta or commercial purposes, other than using the r NAME OF COMMITTEE (In Full) American Council of Life Insurers Politi	ame and address of any politica											3
\angle													
	Full Name (Last, First, Middle Initial) Campbell For Congress Mailing Address 4590 Macarthur Blvd.	Suite 500					of D	isbur	seme	9425 nt		0 1 1	Y
	City Irvine	State Zip Code CA 92660				Amou	unt c	f Eac	h Dis	burse	emen	t this F	Period
	Purpose of Disbursement		Īг	01	1	L.					10	00.00	
	Candidate Name Rep. John Campbell				gory/								
	Office Sought: X House Senate President State: CA District: 48	rsement For: 2012 X Primary General Other (specify) ▼											
	Full Name (Last, First, Middle Initial)					Trans	eact	ion II	J. 3	0/25	627	,	
	Kay Hagan For Us Senate					Date		isbur	seme				V
	Mailing Address PO Box 29103					0,3	IVI		29	Ľ	2	0 1 1	
	City Greensboro	State Zip Code NC 27429				Amou	unt c	f Eac	h Dis	burse		t this F	-
	Purpose of Disbursement Candidate Name Kay Hagan			01 ate	gory/	L.			•		10	00.00	
	Office Sought: House Disbute X Senate President State: NC District:	x Primary 2014 X Primary General Other (specify)											
	Full Name (Last, First, Middle Initial) Mike Thompson For Congress					Trans Date				9425 nt			
	Mailing Address 5429 Madison Avenue	•				0 ^M 3	М	/ D	29		ž	0 1 1	Y
	City Sacramento	State Zip Code CA 95841				Amou	unt c	f Eac	h Dis	burse	emen	t this F	Perio
	Purpose of Disbursement		Г	01	1	L.					25	00.00	
	Candidate Name Rep. Michael Thompson			_	gory/								
	Senate President	x Primary 2012 X Primary General Other (specify) ▼	1			-							
	State: CA District: 01						_						

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)		R LINE eck only		11.			AGL	32 / 3	35
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a		23 28b	24 280		25 29	
	/ Information copied from such Reports and Si or commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) American Council of Life Insurers Polit		ur COI1		0000	iicit conti	ibatio	113 110	3001	COITII	inticc	
<u>/</u>	Full Name (Last, First, Middle Initial)					Trans	actio	n ID:	3967	4568	<u> </u>	
	MENUS Catering by Occasions					Date		burse	ment			Υ
	Mailing Address 5458 Third Street NE					0,3		^D 2	9	2	0 1 1	
	City Washington	State Zip Code DC 20011				Amou	nt of	Each	Disburs	emer	t this F	erioc
	Purpose of Disbursement In-Kind for Catering for 2/10 Meet and Greet			01			_			2	88.75	
	Candidate Name Rep. Thomas Price, M.D.			ateg	ory/							
	Office Sought: X House Senate President State: GA District: 06	ursement For: 2012 X Primary General Other (specify) ▼				In-Kir 2/10 I	ıd foı Meet	Cate and	ering f Greet	or		
	Full Name (Last, First, Middle Initial) MENUS Catering by Occasions					Trans			3967 ment	4569)	
	Mailing Address 5458 Third Street NE					0 ^M 3	M /	^D 2	9 /	ÝŽ	0 1 1	Y
	City Washington	State Zip Code DC 20011				Amou	nt of	Each	Disburs	emer	t this F	Period
	Purpose of Disbursement In-Kind for Catering for 2/10 Meet and Greet			01						2	88.75	
	Candidate Name Mr. Aaron Schock			ateg	ory/							
	Office Sought: X House Senate President State: IL District: 18	oursement For: 2012 X Primary General Other (specify) ▼				In-Kir 2/10 I	ıd foı Meet	Cate and	ering f Greet	or		
	Full Name (Last, First, Middle Initial) MENUS Catering by Occasions					Trans		burse		4570	1	
	Mailing Address 5458 Third Street NE					0 ^M 3	M /	^D 2	9 /	2	0 1 1	Y
	City Washington	State Zip Code DC 20011				Amou	nt of	Each	Disburs	semen	t this F	Perio
	Purpose of Disbursement In-Kind for Catering for 2/9 Meet and Greet			01			_			1	25.25	
	Candidate Name Mr. Francisco Canseco			ateg Typ								
	Office Sought: X House Senate President State: TX District: 23	vursement For: 2012 X Primary General Other (specify)	1			In-Kir 2/9 M	ıd foı eet a	Cate	ering f	or		
	Olalo. 17. Diolitol. 20											

CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 35 (check only one)
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29
		any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee
NAME OF COMMITTEE (In Full)	The and address of any political cor	minitee to solicit contributions from such committee
American Council of Life Insurers Politic	al Action Committee	
Full Name (Last, First, Middle Initial)		Transaction ID: 39674571
MENUS Catering by Occasions		Date of Disbursement
Mailing Address 5458 Third Street NE		03 4 29 7 2011
City	State Zip Code	Amount of Each Disbursement this Peri
Washington Purpose of Disbursement	DC 20011	125.25
In-Kind for Catering for 2/9 Meet and Greet		011
Candidate Name Rep. Bill Huizenga		ategory/ Type
X	sement For: 2012	In-Kind for Catering for 2/9 Meet and Greet
Senate President	X Primary General Other (specify) ▼	2/9 Meet and Greet
State: MI District: 02	Caron (openity)	
Full Name (Last, First, Middle Initial)		Transaction ID: 39674572
MENUS Catering by Occasions		Date of Disbursement
Mailing Address 5458 Third Street NE		03
City Washington	State Zip Code DC 20011	Amount of Each Disbursement this Peri
Purpose of Disbursement In-Kind for Catering for 2/9 Meet and Greet		011
Candidate Name Mr. W. Blaine Luetkemeyer	C	ategory/ Type
X	sement For: 2012 X Primary General	In-Kind for Catering for 2/9 Meet and Greet
President State: MO District: 09	Other (specify)	20 111001 (2.1.12 (3.1.00)
Full Name (Last, First, Middle Initial)		Transaction ID: 39674573
MENUS Catering by Occasions		Date of Disbursement
Mailing Address 5458 Third Street NE		03
City Washington	State Zip Code DC 20011	Amount of Each Disbursement this Peri
Purpose of Disbursement In-Kind for Catering for 2/9 Meet and Greet		011
Candidate Name Rep. Jim Renacci	C	ategory/ Type
	sement For: 2012 X Primary General Other (specify)	In-Kind for Catering for 2/9 Meet and Greet
State: OH District: 16	<i>5 a.o.</i> (opoon)/ ▼	
<u>'</u>		
SUBTOTAL of Disbursements This Page (optional		375.75

		Use separate schedule(s)		(ch	neck onl	v one)			L			/ 35	
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	Х	23 28b	2	4 8c	25 29		26 30
	y Information copied from such Reports and State for commercial purposes, other than using the nar												
Λ	NAME OF COMMITTEE (In Full)												
V	American Council of Life Insurers Politica	Action Committee											
	Full Name (Last, First, Middle Initial) MENUS Catering by Occasions					Trans		on ID:		-	74		
	Mailing Address 5458 Third Street NE						M /		9 /	Υ	žo i	1 1	
		State Zip Code					nt of				ent thi		
	City Washington	DC 20011				Amou	ITIL OI	Each	DISDU	ırsen		-	Ju
	Purpose of Disbursement In-Kind for Catering for 2/9 Meet and Greet			01	1						125.	25	_
	Candidate Name Mr. Steve Stivers			ateg Typ	ory/ e								
	Senate President	ement For: 2012 Primary General Other (specify)				In-Kir 2/9 M	nd fo leet	or Cat and C	ering Greet	for			
_	State: OH District: 15 Full Name (Last, First, Middle Initial)					_				745	75		_
ı	MENUS Catering by Occasions						of Di	sburse	ement	-		(° V	
	Mailing Address 5458 Third Street NE					0 3	M /	^D 2	9 /	Y	ž 0 1	1 1	
	City Washington	State Zip Code DC 20011				Amou	int of	Each	Disbu	ırsem	ent thi		od
	Purpose of Disbursement In-Kind for Catering for 2/9 Meet and Greet			01	1		0				125.	25	_
	Candidate Name Rep. Lynn Westmoreland			ateg Typ	ory/ e								
	, <u>x</u>	ement For: 2012 Primary General Other (specify)				In-Kir 2/9 M	nd fo leet	or Cat and C	ering Greet	for			
	Full Name (Last, First, Middle Initial) MENUS Catering by Occasions					Trans					77		
	Mailing Address 5458 Third Street NE					0 3	M /	^D 2	9 /	Y	ž 0 i	1 1 Y	
	City Washington	State Zip Code DC 20011				Amou	int of	Each	Disbu	ırsem	ent thi	s Perio	od
	Purpose of Disbursement In-Kind for Catering for 2/17 Meet and Greet			01	1	L.					144.	37	_
	Candidate Name Rep. Robert Dold		Ca	-	ory/								
	Senate President	ement For: 2012 Primary General Other (specify)				In-Kir 2/17 I	nd fo Mee	r Cat t and	ering Gree	for et			
_	State: IL District: 10												
										-		87	

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	1 -	NUMBER: PAGE 35 / 35
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	y one) 22 X 23 24 25 28a 28b 28c 29 1
Any Information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)	The arts address of arry pointed		
American Council of Life Insurers Politica	al Action Committee		
Full Name (Last, First, Middle Initial)			Transaction ID: 39674578
MENUS Catering by Occasions			Date of Disbursement 0 3 2 9 2 0 1 1
Mailing Address 5458 Third Street NE			0"3" 29 2011
City Washington	State Zip Code DC 20011		Amount of Each Disbursement this Period
Purpose of Disbursement In-Kind for Catering for 2/17 Meet and Greet		011	144.37
Candidate Name Rep. Michael Grimm		Category/ Type	
· · · · · · · · · · · · · · · · · · ·	sement For: 2012 X Primary General		In-Kind for Catering for 2/17 Meet and Greet
President	X Primary General Other (specify) ▼		2/17 Meet and Greet
State: NY District: 13 Full Name (Last, First, Middle Initial)			T " ID 00074570
MENUS Catering by Occasions			Transaction ID: 39674579 Date of Disbursement
Mailing Address 5458 Third Street NE			$\begin{bmatrix}\begin{smallmatrix}M\\03\end{smallmatrix}\end{bmatrix}^M \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
City Washington	State Zip Code DC 20011		Amount of Each Disbursement this Perio
Purpose of Disbursement In-Kind for Catering for 2/17 Meet and Greet		011	144.38
Candidate Name Rep. Nan Hayworth		011 Category/ Type	
3 7	sement For: 2012		In-Kind for Catering for 2/17 Meet and Greet
Senate President	X Primary General Other (specify) ▼		2/17 Meet and Greet
State: NY District: 19			
Full Name (Last, First, Middle Initial) MENUS Catering by Occasions			Transaction ID: 39674580 Date of Disbursement
Mailing Address 5458 Third Street NE			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & 2 \end{smallmatrix} \end{bmatrix} $
City Washington	State Zip Code DC 20011		Amount of Each Disbursement this Perio
Purpose of Disbursement In-Kind for Catering for 2/17 Meet and Greet		011	144.38
Candidate Name Rep. Robert Hurt		Category/ Type	
Senate	sement For: 2012 X Primary General		In-Kind for Catering for 2/17 Meet and Greet
State: VA District: 05	Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		433.13
	,	<u> </u>	60906.50